



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey State Board of Architects  
124 Halsey Street, 3rd Floor, P.O. Box 45001  
Newark, New Jersey 07101  
(973) 504-6385



### **Reinstatement of License**

Our records indicate that your license has expired. To find out in what year your license expired, please click onto the following licensee directory link:

<https://newjersey.mylicense.com/verification/> .

Once you have found the year your license expired, please review the following payment and continuing education schedule for reinstating your license.

If your licensed expired during the following renewal period, your payment including the \$100.00 reinstatement fee will be:

<b>Year Expired</b>	<b>Total Fee Owed</b>	<b>Continuing Education Hours</b>
2011	\$260.00	24
2009	\$420.00	48
2007	\$580.00	72
2005	\$740.00	96
2003	\$900.00	120
2001	\$1,060.00	144
1999	\$1, 220.00	144

If your license expired before 1999, please contact the Board at 973-504-6385.

Attached for your guidance are instructions and an application for reinstatement of your New Jersey architectural license. Please complete the application, submit the requested documents and remit a check/money order in the amount you owe made payable to the "New Jersey State Board of Architects" so that your reinstatement request can be processed.



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### **Instructions for Reinstatement of License**

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration, certification and complies with the provisions of the Uniform Enforcement Act N.J.S.A. 45: 1-7.1a, b, c, d and e, and N.J.S.A. 45: 1-7.2a, b, c and d. The necessary application and materials for applying for reinstatement are enclosed.

1. Complete:

- The enclosed application for reinstatement.

2. Enclose:

- Payment of all past delinquent renewal fees and/or payment of a current renewal fee;\*
- Payment of a reinstatement fee.\*

***\* See the enclosed cover letter for the fees and continuing education hours required.***

- A licensee whose license has been automatically suspended for five (5) years or less for failure to renew pursuant to N.J.A.C. 13:27-4.6(d) may be reinstated by the Board upon completion of the following:
  - a. Payment of the reinstatement fee and all past delinquent biennial renewal fees as set forth in N.J.A.C. 13:27-4.11;
  - b. Submission of proof of completion of the continuing education credits required for each biennial licensure period for which the license was suspended; and
  - c. Submission of an affidavit of employment listing each job held during the period of suspended license which includes the name, address and telephone number of each employer.
- In addition to fulfilling the requirements set forth in N.J.A.C. 13:27-4.6(e), a licensee whose license has been automatically suspended for more than five (5) years who wishes to return to practice shall reapply for licensure and shall demonstrate that he or she has maintained proficiency. An applicant who fails to demonstrate to the satisfaction of the Board that he or she has maintained proficiency while the license was lapsed may be subject to an examination or other requirements as determined by the Board prior to reinstatement of his or her license.

***Upon review and approval of your reinstatement application, a license will be issued.***



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# Application for Reinstatement

***You may not practice in the State of New Jersey until your license has been reinstated.***

Date: \_\_\_\_\_

Along with the submission of this completed application, all fees must be paid in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

## Personal Information

Date of birth: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_  
City State

1. Name ☐ Mr. \_\_\_\_\_ ( \_\_\_\_\_ )  
☐ Mrs. \_\_\_\_\_  
☐ Ms. \_\_\_\_\_  
Last name First name Middle initial Maiden name

### 2. Address

☐ Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County  
\_\_\_\_\_  
Telephone number (include area code) E-mail address

☐ Business: \_\_\_\_\_  
Name of company Telephone number (include area code)  
\_\_\_\_\_  
Street City State ZIP code County

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification or license or certificate renewal.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
  - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of your licensure.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

7. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
8. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

9. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Have you ever been named as a defendant in any litigation related to the practice of architecture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of architecture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 7 through 16, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Type of license \_\_\_\_\_ N.J. license number \_\_\_\_\_

Initial license date \_\_\_\_\_ Date of last renewal \_\_\_\_\_

Answer the following questions for the time period since you were last licensed in New Jersey.

1. Have you completed the required continuing education requirements for all the lapsed biennial periods? ☐ Yes ☐ No  
If "No," please submit your explanation for not completing the continuing education requirements.
2. Are you currently practicing architecture as a sole proprietorship? ☐ Yes ☐ No  
If "No," please indicate your type of practice:  

<input type="checkbox"/> L.L.C.	<input type="checkbox"/> L.L.P.	<input type="checkbox"/> Consultant	<input type="checkbox"/> Employee
<input type="checkbox"/> Partnership	<input type="checkbox"/> General Business Corporation	<input type="checkbox"/> Professional Service Corporation	
3. Is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any state licensing board? ☐ Yes ☐ No  
If "Yes," please provide a detailed explanation and any documentation, e.g. a copy of the disciplinary action taken by the state licensing board.

***You may attach additional sheets of paper to this application in order to respond to the preceding questions.***

### **Note**

All requests for reinstatement must be submitted in writing along with a notarized statement that includes the following:

- a. An explanation of your failure to renew promptly.
- b. A list of the New Jersey projects you signed and sealed after the license had lapsed, including the names and addresses of the projects and the dates the architectural services commenced and concluded; or
- c. If no New Jersey projects were completed, a notarized statement certifying that no work was signed and sealed after the license had lapsed.
- d. Payment of a reinstatement fee for the current biennial period and the appropriate renewal fees for all previous biennial periods during which the license was expired.
- e. Proof of completion of the Continuing Education (C.E.) hours required for each biennial licensure period during which the license was expired.

***Please attach additional pages to this application to respond to a, b and c above.***

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of \_\_\_\_\_

County of \_\_\_\_\_

} ss.

I, \_\_\_\_\_, in making this application to the New Jersey State Board of Architects for licensure as an Architect under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Architects, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or to withhold renewal of or suspend or revoke a license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:3A-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Architects, N.J.A.C. 13:27-8.1 et seq., and fully understand that in receiving licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

Affix  
seal here